

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

FORM-GBGift or Request information received
by a department or accepted by the
Governor on behalf of the state**For office use only**

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI	
Name of Department or Office 1800 N 16th St	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

2012 FEB 22 AM 8:52

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DONOR OF GIFT OR BEQUEST:

Area Lutheran Churches	
Name	
Iowa	City, State, Zip Code
Mailing Address	
Area Code & Telephone Number	
Email Address (optional)	

12/9/11	\$825.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Christmas gifts for the residents

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

2/20/12

Date

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DES MOINES, IA 50319

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI	
Name of Department or Office	
1800 N 16th St	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.RehwaldtHays@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Presbyterian Outreach	
Name	
	Iowa
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/20/11	\$350.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Christmas gifts for the residents

Criteria to use this form:

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Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

2/20/12

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI

Name of Department or Office
1800 N 16th St

Clarinda, IA 51632

Mailing Address
712-342-2161

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Sue.RehwaldtHays@iowa.gov

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Employees of CTC

Name

Iowa

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/25/11

\$875.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Christmas gifts for the residents - Adopt a Patient program

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Signature

2/20/12

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1800 N 16th St

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

712-542-2161

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Sue.RehwaldtHays@iowa.gov

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Della Calhoun

Name

Clarinda, IA

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

1/3/12

\$ 15.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

throw blankets for the residents

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

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Signature

2/20/12

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Sue Rehwaldt Hays	
Name	
Mailing Address	Clarinda, IA City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/20/11	\$ 50.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

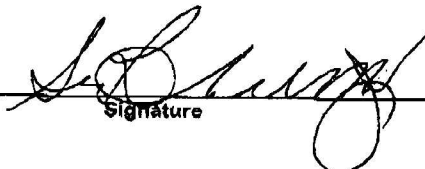
Clothes for residents.

Criteria to use this form:

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Family of B. Maxwell	
Name	
Mailing Address	Clarinda, IA City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/2/11	\$ 500.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

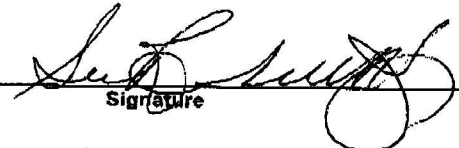
clothing, personal items, recliner chair

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Signature

2/20/12

Date